

Please type a plus sign (+) inside this box → **+**

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>2</u>				
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Joseph		Page				
Inventor's Signature						Date <u>10/27/03</u>
Residence: City	La Jolla	State <u>CA</u>	Country <u>US</u>			Citizenship <u>US</u>
Post Office Address	PO Box 757					
Post Office Address						
City	La Jolla	State <u>CA</u>	ZIP <u>92038</u>	Country	US	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature						Date
Residence: City		State	Country			Citizenship
Post Office Address						
Post Office Address						
City		State	ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature						Date
Residence: City		State	Country			Citizenship
Post Office Address						
Post Office Address						
City		State	ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION — Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)

Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number → Place Customer Number Bar Code Label here
 OR
 Registered practitioner(s) name/registration number listed below

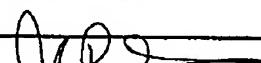
Name	Registration Number	Name	Registration Number
Joseph Page	35,311		

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: Customer Number OR Correspondence address below

Name	Page Lohr Associates				
Address	P.O. Box 757				
Address					
City	La Jolla	State	CA	ZIP	92038
Country	US	Telephone	619 702 4471	Fax	619 702 4538

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle if any)			Family Name or Surname				
James	Plante						
Inventor's Signature						Date	10/24/03
Residence: City	Del Mar	State	CA	Country	US	Citizenship	US
Post Office Address	1155 Camino Del Mar #506						
Post Office Address							
City	Del Mar	State	CA	ZIP	92014	Country	US
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto							